

Office of Lee County Fire Marshal
PO Box 1154 • 225 E Weatherspoon St.
Sanford, North Carolina 27331
Phone (919) 774-1604 • (919) 775-1224
www.leecountync.gov

EXPLOSIVE USE PERMIT APPLICATION			
	PLEASE PRINT		
DATE:			
DATE OF BLASTING OPERATION:			
LOCATION OF BLASTING:			
	ISSUING INFORMATI	ION	
NAME OF COMPANY:			
TANKE OF GENERALITY			
ADDRESS	CITY	STATE	ZIP CODE
() PHONE	EMAIL	()	ΑX
PERSON CONDUCTING BLASTING			
PERSON CONDUCTING BLASTING	OPERATION.		
DATE OF BIRTH		DRIVER'S LICENSE N	UMBER
	INSURANCE		
NAME OF COMPANY ISSUING SURETY BOND OR PUBLIC INSURANCE POLICY: [Attach Copy]			
AMOUNT OF COVERAGE:	\$		
	EXPLOSIVES		
AMOUNT OF EXPLOSIVES TO BE U	JSED:		
AMOUNT TO BE STORED OVERNIGHT:			
IF OVERNIGHT STORAGE, TYPE AND LOCATION OF MAGAZINE:			
	NOTICE		
NOTIFICATION TO 911 IS REQUIRED ONE HOUR PRIOR TO BLASTING AND AT CONCLUSION OF BLASTING EACH DAY. APPLICANT MUST COMPLY WITH ALL REQUIREMENTS PERTAINING TO EXPLOSIVES IN CHAPTER 33 OF THE NORTH CAROLINA PREVENTION CODE.			
	FOR OFFICE USE ON	LY	
	PERMIT		
		NUMBER:	
FIRE CODE OFFICIAL'S SIGNATURE:			
DATE OF ISSUE:		FEES PAID:	
DATE(S) VALID:			